PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

392, 1868

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
_			(Column 1)		(Column 2)		٦ .	TYPE		OR	R SMALL ENTITY		
TOTAL CLAIMS			5					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			5 minus 20=		*			X\$ 9=		OR	X\$18=		
<u> </u>	DEPENDENT C		/ minus 3 =		*			X43=		OR	X86=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=		
* I1	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2	L	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	(Column 1) (Column 2) (C							SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ENTATION OF M	Minus	PENDENT	CLAIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
										OR ,	TOTAL ADDIT. FEE		
		(Column 1)					_						
8		CLAIMS REMAINING		HIGHE NUMB		2252511	F		ADDI-] [. 1	ADDI-	
AMENDMENT B		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	,	OR	X86=		
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
				·			Ŀ	+145=		OR	+290=	•	
							AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT, FEE		
	•	(Column 1)	(Column 3)				•		:				
AMENDMENT C	`	CLAIMS REMAINING		HIGHE NUMBI	ST ER USLY	PRESENT EXTRA	Г	• [ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIOU PAID F			R.	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		= .	 	X\$ 9=		OR	X\$18=		
¥	Independent	*	Minus	***		=		X43=	•		X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	700=		
* 14	the entry in colum	no 1 is loss than the			ot:		+	145=		OR	+290=		
**	the "High st Nur	nn 1 is less than the mber Previously Pa	d For IN THIS	SPACE is I	ess than	20. enter "20."	ADI	TOTAL DIT. FEE	10	OR .	TOTAL DDIT. FEE		
	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	SPACE is	less than	3. enter *3.*	•			^			
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